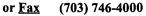
## PART B - FEE(S) TRANSMITTAL

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INSTRUCTIONS: This for appropriate. All further co-indicated unless corrected maintenance fee notification	orm should be used for tran rrespondence including the below or directed otherwise ns.	smitting the ISSU Patent, advance or in Block 1, by (a	E FEE and PUBL ders and notification ) specifying a new	ICATION FEE (if recon of maintenance fees	quired). Blocks 1 through 4 s will be mailed to the current ss; and/or (b) indicating a sep	hould be completed where correspondence address as arate "FEE ADDRESS" for
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32074 7590 06/10/2004						
INTERNATION CORPORATION DEPT. 18G BLDG. 300-482	AL BUSINESS MAO	CHINES	E Ciss	Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.		
2070 ROUTE 52		SEP 0	2 2004 بر)			(Depositor's name)
	CTION, NY 12533	13	<u> </u>			(Signature)
	•	TRAPE TA	ADEMARKS			(Date)
APPLICATION NO.	FILING DATE	FIRST NAMED IN		ENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/707,890	01/21/2004	Kangguo (		ng	FIS920030322US1	1889
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO \$1:		)	\$300	\$1630	09/10/2004
EXAMINER		ART UNIT		CLASS-SUBCLASS	٦	
ROCCHEGIANI, RENZO		2825		438-243000		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  ☑ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME ANI	O RESIDENCE DATA TO B	BE PRINTED ON T	THE PATENT (pri	nt or type)		
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🗴 Issue Fee			☐ A check in the amount of the fee(s) is enclosed.			
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